

# Green Mountain Boys State Health Information and Release Form

1. Delegate's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_, VT ZIP \_\_\_\_\_  
Parent/guardian Name: \_\_\_\_\_  
Parent phone \_\_\_\_\_ Work phone \_\_\_\_\_ Parent Cell # \_\_\_\_\_  
2. Emergency contact person if parent/guardian unavailable: Name \_\_\_\_\_  
Best Contact # \_\_\_\_\_ Relationship \_\_\_\_\_  
3. Medical Insurance Information: Insurance Company Name \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Policy Holder's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## MEDICAL INFORMATION

4. Health Information: Name of Physician: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
5. Immunizations: Please attach standard Immunization Record from delegates' local medical professional.  
Please list the date of last vaccine: a. Tetanus \_\_\_\_\_ b. MMR \_\_\_\_\_ c. Meningococcal \_\_\_\_\_  
6. Allergies: Please list any allergies that may significantly affect the delegate's ability to participate:  
Food: \_\_\_\_\_ Nut: \_\_\_\_\_ Other: \_\_\_\_\_  
Please check here if delegate uses an Epi-Pen:   
Attach any other documentation you feel necessary.  
7. Medications: Please list any medications that my son will bring to Boys' State and why:  
Name of Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

## 8. Parent / Guardian Permission and Certification

a. I, the parent/guardian of \_\_\_\_\_ certify that my son is in good health and is able to fully participate in all activities of the Green Mountain Boys' State program.

b. I give permission for my son to receive emergency medical/surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me or the emergency contact listed above before taking any medical action. I understand that I am financially responsible for any medical treatment needed during Green Mountain Boys' State, and that my medical insurance shall be the insurance coverage for any medical treatment.

c. I state that the above information is complete to the best of my knowledge, and hold harmless Green Mountain Boys' State from any claims, liabilities, judgments, or costs arising as a result of a participant's negligence or misconduct.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_